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Facsimile Transmittal

To: Examiner Navin Natnithithadha
Art Unit 3735

Fax: (571) 273-8300

From: Patrick J.S. Inouye 

Date: September 28, 2006

Re: U.S. Patent Application
Serial No. 10/646,243

Pages: 13 (including cover sheet)

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Notes: Regarding the above-identified U.S. Patent Application, please find attached hereto:

- USPTO Transmittal Form
- Response to Restriction Requirement

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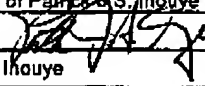
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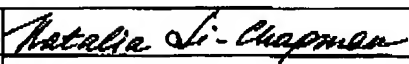
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/646,243
	Filing Date	August 22, 2003
	First Named Inventor	Bardy, Gust H.
	Art Unit	3735
	Examiner Name	Navin Natnithithadha
Total Number of Pages in This Submission	Attorney Docket Number	020.0341.US.CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Patrick J.S. Inoue		
Signature			
Printed name	Patrick J.S. Inoue		
Date	September 28, 2006	Reg. No.	40297

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Signature			
Typed or printed name	Natalia Li-Chapman	Date	September 28, 2006

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Response to Restriction Requirement
Docket No. 020.0341.US.CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Gust H. Bardy) Group Art Unit: 3735
5)
Serial No. 10/646,243) Examiner:
) Navin Natnithithadha
Filed: August 22, 2003)
)
10 For: System And Method For Diagnosing And)
Monitoring Respiratory Insufficiency)
For Automated Remote Patient Care)

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RESPONSE TO RESTRICTION REQUIREMENT

15 Commissioner for Patents
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20 Examiner Natnithithadha:

In response to the Office Action mailed on September 8, 2006, for the above-referenced patent application, please enter the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims, which begins
25 on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.